

**Law Enforcement  
and Confidential  
Information—  
Restrained Person  
(LECIFR)**

**执法和机密**

**信息——受限制人  
(LECIFR)**

**Clerk: Do not file in a public  
access file. In criminal  
cases, do not file. Give to  
law enforcement.**

**书记员：不要在公共访问文件  
中归档。在刑事案件中，不要  
归档。交给执法部门。**

\_\_\_\_\_ Court of Washington  
华盛顿州法院

County: \_\_\_\_\_  
县:

Case No.: \_\_\_\_\_  
案件编号:

**Law Enforcement: Do not serve or show a completed LECIF to the other party.  
执法部门：不要向另一方提供或展示完整的LECIF。**

**Instructions** –The **Restrained Person** must complete this form. Type or print clearly! Fill out sections 1 and 2. File with the court clerk.

**说明**——**受限制人**必须填写此表格。请工整填写，或以打字方式填写！填写第**1**和第**2**部分。向法庭书记员提交。

**1. Restrained Person's Info  
受限制人信息**

<b>Name:</b> First Middle Last <b>姓名:</b> 名 中间名 姓			<b>Date of Birth</b> 出生日期	
<b>Nickname/Alias/AKA ("Also known as")</b> 昵称/别名/又名 ("亦称")			<b>Relationship to Protected Person</b> 与受保护人的关系	
<b>Sex</b> 性别	<b>Race</b> 种族		<b>Height</b> 身高	<b>Weight</b> 体重
<b>Eye Color</b> 瞳色	<b>Hair Color</b> 发色		<b>Skin Tone</b> 肤色	<b>Build</b> 体格

Phone/s with Area Code (voice): 带区号电话 (语音):	Need Interpreter? 需要口译员? [ ] No [ ] Yes 否 [-]是	Language: 语言:
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**2. Where can the Restrained Person be served? List all known contact information.**  
可以送达受限制人的地址是? 列出所有已知的联系信息。

Last Known Address.  
最后所知地址。  
**Street:**  
街道:

City: State: Zip:  
城市: 州: 邮编:

Cell number (text):  
手机号码 (短信):

Email:  
电子邮件地址:

Social Media Account/s & User Name/s:  
社交媒体帐户和用户名:

Other:  
其他:

Employer 雇主	Employer's Address 雇主地址	Employer's Phone 雇主电话	
Work Hours 工作时间	Driver's License or ID number 驾照或身份证号码	State 州	
Vehicle Make and Model 车辆品牌和型号	Vehicle License Number 车牌号	Vehicle Color 车辆颜色	Vehicle Year 车辆年份

**Privacy Notice:** Only court staff, law enforcement, and some state agencies may see this form. The other party and their lawyer may not see this form unless a court order allows it. State agencies may disclose the information in this form according to their own rules.  
**隐私权声明:** 只有法院工作人员、执法人员和一些州政府机构可以查看此表格。除非法院命令允许, 否则对方及其律师不得查看此表格。州政府机构可以根据各自的规定披露此表中的信息。

**Changes:** If any information changes, fill out another copy of this form and file it with the court clerk.  
**变更:** 如果任何信息发生变更, 请再填一份这张表并提交给法庭书记员。

I declare under penalty of perjury under the laws of the State of Washington that the information on this form about me is true and correct.

本人特此证实或声明, 据我所知, 我在此表格中所提供的关于我本人的信息属实且正确。若有不实之词, 愿接受华盛顿州法律规定的伪证罪处罚。

Signed at (City and State): \_\_\_\_\_ Date: \_\_\_\_\_  
签字地点 (城市和州): \_\_\_\_\_ 日期: \_\_\_\_\_

\_\_\_\_\_  
Sign here  
请在此处签名

\_\_\_\_\_  
Print name here  
请在此处工整填写姓名